

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000001117

1. Entity Name
COSCAN DEVELOPERS FLORIDA, L.L.C.

FILED
03 MAY 22 PM 1:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5555 Anglers Avenue Ft. Lauderdale, Florida 33312	Mailing Address 5555 Anglers Avenue Ft. Lauderdale, Florida 33312
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2. Principal Place of Business 5555 Anglers Avenue	3. Mailing Address 5555 Anglers Avenue
Suite, Apt. #, etc. Suite 1A	Suite, Apt. #, etc. Suite 1A

DO NOT WRITE IN THIS SPACE

City & State Ft. Lauderdale, Florida	City & State Ft. Lauderdale, Florida
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4. FEI Number 65-0893811	Applied For Not Applicable
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Zip 33312	Country US	Zip 33312	Country US
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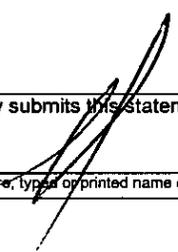
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

Registered Agents of Florida, LLC
100 Southeast Second Street, Suite 3500
Miami, Florida 33131

7. Name and address of New Registered Agent
Name
Registered Agents of Florida, LLC
Street Address (P.O. Box Number is Not Acceptable)
100 S.E. Second Street
Suite 2900
City
Miami FL Zip
33131

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE  **Howard J. Vogel, V.P.**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1, 2003

9. MANAGING MEMBERS/ MEMBERS

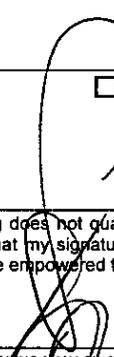
TITLE NAME STREET ADDRESS CITY-ST-ZIP M Brookfield Developers Florida, Inc. 5555 Anglers Avenue Ft. Lauderdale, Florida 33312	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/ CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP MGRM Coscan Florida Holdings, Ltd. 5555 Anglers Avenue Ft. Lauderdale, Florida 33312	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

05/22/03--01098--004 **50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE  **Albert Piazza** (954) 620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #